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ABSTRACT

Noting that little is known about how communication functions in alcoholic families, and about the effects of this alcoholic home environment on children of alcoholics, their communication patterns, and their relationships, this paper identifies strengths and weaknesses in existing literature on the alcoholic family and children of alcoholics. In addition, the paper points out a number of pertinent issues worthy of research in the field of communication. By reviewing research focusing on family climate, dynamics, communication patterns, role conflict and inconsistency, cohesion, conflict and abuse, attitudes, family rituals, characteristics of children of alcoholics, role models, emotional and psychological disorders in children of alcoholics, defense mechanisms, relationships, performance in school, and qualities of resilient children of alcoholics, the paper concludes that children of alcoholics are different in many ways from children of nonalcoholics. A list of 14 characteristics of alcoholic families and adult children of alcoholics summarizes what the existing literature claims. (Three pages of references are appended.) (JK)

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STUDENT DEBUT PAPER

A Review of the Existing Literature on the Alcoholic Family and Children of Alcoholics

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Abstract

Although alcoholism is increasingly recognized as a family disease, most research focuses on the physiological and psychological aspects of the alcoholic. Furthermore, there appears to be a complete lack of research in our field that addresses any aspect of alcoholism and family communication. This paper points out a number of pertinent issues worthy of communicationally oriented research regarding the alcoholic family and children of alcoholics.

A REVIEW OF THE EXISTING LITERATURE ON THE ALCOHOLIC FAMILY AND CHILDREN OF ALCOHOLICS

Studying in the field of communication is a fascinating project. The discipline is relatively young, expanding, in some ways lacking cohesiveness, and in many ways argumentative. A common bond among those of us active in this field, though, seems to be the universal, oftentimes implicit, belief that understanding more rather than less about the communication process is beneficial. In straightforward terms, we see ourselves as "making the world a better place" through our work. Individuals, dyads, groups, organizations, and cultures alike benefit, we hope, from increased knowledge about listening, conflict resolution, decision-making, persuasion, and so forth. And because the field is so divergent and can address communication on a variety of levels, the number of topics we pursue is expansive.

There is, however, a communication topic that concerns a huge population which has not received the slightest attention in discipline. Considering our underlying ideology of being a "helping profession," this is puzzling indeed. According to the February 26, 1986, issue of the New York Times, there are currently 28 million children of alcoholics in this country, 6 million of whom are age 18 and under. In addition, an estimated one fifth of all Americans are considered to be problem drinkers. Five times as many of these problem drinkers are men as women (Priest, 1985), and for every alcoholic there are five or six people related by family or work who are directly affected (Hecht, 1973).

What implications do these staggering numbers have for communication studies? There are a number of possibilities. First, although alcoholism is increasingly recognized as a family disease, most research looks only at the alcoholic or, occasionally at the spouse of the alcoholic (Nardi, 1981).

Certainly there are a multitude of potential studies regarding the alcoholic family system, parent-child communication, marital communication, and sibling communication in the alcoholic home. Although a few studies do exist in health and psychology which examine spouse and family communication in the alcoholic environment, there appears to be little if anything in our discipline that addresses any of the aforementioned issues.

Second, the children of alcoholics are a special (and numerous) population in themselves. Deutsch (1982) warns us: "Children of alcoholics form one of our largest, most explosive, and most remediable populations, yet no one is paying that population the slightest attention" (p. 4). Dr. Claudia Black, director of the Alcohol, Children Therapy Program in Newport Beach, California, explains the lifelong impact of alcoholism on children of alcoholics (cited in Melvin, 1983). According to Black, 30-50% of these children will either become alcoholics themselves or marry one. Furthermore, every child of an alcoholic is affected to some degree.

The point is that the alcoholic home environment is far from an uncommon situation, a situation which affects millions of people in this country alone. Children who grow up in such an abnormal environment must sustain long-term effects that children from nonalcohlic homes do not. Among the effects hinted at by the health and psychological literature is that children and adult children of alcoholics' are less successful at forming and maintaining relationships--most definitely a communication concern.

If one of the underlying desires in our discipline is to improve the quality of people's relationships through better understanding of communication processes, why are we ignoring the issues of alcoholism and the damaging effects it has on family and work relationships? Certainly we have no lack of subjects for study, no restrictions of focus as to what level of communication

or type of relationship we wish to explore and, most importantly, we have a population sorely in need of help.

The purpose of this paper is to identify strengths and weaknesses in existing literature on the alcoholic family and children of alcoholics. Specifically, research which contrasts alcoholic and nonalcoholic home environments provides strong indicators that the alcoholic family is indeed different from "normal" families. This research also illustrates that a great deal is still not known about how alcohol affects individual and family functioning. While considerable progress has been made in understanding the physiological and psychological aspects of families affected by alcoholism, little has been accomplished to further our understanding of the functional and dysfunctional aspects of communication in the alcoholic family. In the field of communication, there appears to be a complete lack of published research on the topic. By examining existing literature on differences between the alcoholic and nonalcoholic family and its children, communication scholars should be able to conceptualize vital and pertinent areas of research. More specifically, this paper will focus on family climate, dynamics, communication patterns, role conflict and inconsistency, cohesion, conflict and abuse, attitudes, family rituals, characteristics of children of alcoholics, role models, emotional and psychological disorders in children of alcoholics, defense mechanisms, relationships, performance in school, and qualities of resilient children of alcoholics.

UNIQUE ASPECTS OF THE ALCOHOLIC HOME

Families have been defined as transactional systems in which all parts affect the greater whole (Hecht, 1973; Krimmel, 1971; Orford & O'Reilly, 1981; Wolin, 1980). In the case of families where one member (or possibly more) is

an alcoholic, that one member becomes the focus of the family and, consequently, the family loses what Bateson calls balance; that is, balance between the forces of nature and the forces of instability and change (Steir, Stanton, Todd, 1982). More simply, the alcoholic has upset the normal functioning of the family. When family functioning is altered, all members are affected. However, it has been pointed out that family members, particularly children, are not all affected in the same way by the alcoholic's behavior. (Nardi, 1981) Mediating factors of a social and psychological nature may assist or hinder the child in dealing with the alcoholic home environment. Nardi especially stresses the unproductiveness of focusing only on the alcoholic or the child as this fails to account for the transactional nature of family systems.

In a 1981 study by Filstead, McElfresh, and Anderson, family environment was measured with 10 subscales related to relationship, personal growth, and system maintenance dimensions for 42 white alcoholic families, 25 of whom contained an alcoholic male, the remaining 17 containing female alcoholics. These 42 alcoholic families were then compared with 285 "normal" families. The study focused on substantiating the general belief that alcoholic families are significantly different from nonalcoholic families. The results showed significant differences on seven of the ten subscales. This study revealed alcoholism to have a negative effect on family climate (higher levels of conflict, less encouragement to express feelings, and less cohesion than nonalcoholic families), the personal growth of family members, and family roles were found to be more rigid than those in nonalcoholic families. The impact of an alcoholic family member on system maintenance dimensions (i.e., dynamics which maintain the family as a unit), such as the level of family organization,

the structure of family activities, and family rules and responsibilities was not clear.

Callan and Jackson (1986) studied 21 adolescent children of recovered alcoholic fathers, 14 children of alcoholic fathers, and compared them to 35 sociodemographically matched children for aspects of personal and family adjustment. Callan and Jackson found that: "Children of recovered alcoholics and controls rated their families as 'happier' and more trusting, cohesive, secure and affectionate than children of familiies where fathers still drank alcohol" (p. 180). Children of alcoholic fathers, in comparison to recovered fathers and controls, rated their families as more tense, miserable, moody, strict, unreliable, less happy, loving, affectionate, trusting, secure, understanding, and warm.

Deutsch (1982) describes alcoholic family dynamics as "remarkably uniform in most alcoholic homes and significantly different from the conditions which govern most other households" (p. 31). More specifically, Deutsch says all alcoholic families can be characterized by the following five conditions:

(1) centricity of the alcoholic and alcoholic-related behavior

(2) denial and shame

(3) inconsistency

(4) anger and hatred

(5) guilt and blame (p. 31)

Although "normal" families may exhibit some of the above characteristics, they tend not to be as consistently or powerfully present.

Deutsch also suggests that alcoholic families are like families that contain a dying parent, a schizophrenic, or a violent member; a comparison which is supported by several others (Jackson, 1965; Priest, 1986).

For example, Elisabeth Kubler-Ross' five stages of grieving have been likened to stages that children of alcoholics go through (Priest, 1985). Essentially, these children have "lost" a parent to alcohol. Consequently, the children sequentially experience: (1) denial and isolation; (2) anger; (3) bargaining; (4) depression; and (5) acceptance. The nonalcoholic parent also tends to progress through these stages.

Similarly, Jackson (1965) compares the crises alcoholic families tend to experience as much like crises induced by mental illness:

> For other types of family crises there are cultural prescriptions for procedures which will terminate the crisis. But this is not so in the case of alcoholism. The view of our culture is that alcoholism is shameful and should not occur, thus, when facing alcoholism, the family is in a socially unstructured situation and must find the techniques for handling the crisis through trial and error, and without social support. In many respects there are marked similarities between the type of crisis precipitated by alcoholism and those precipitated by mental illness. (p. 5)

Dorris and Lindley (1968) cite Dr. Claudia Black's description of the alcoholic home as a place where "people have lost their ability to be honest, where the families deny, minimize, discount, and rationalize," and where the children learn to quit feeling (p.12).

In a study by Steir, Stanton, and Todd (1982), it was found that families of addicts generally showed more rigid communication patterns than normal families, and that these communication patterns helped maintain the addiction. This relates to the notion of the family as a transactional system (or Gestalt, if you will). Wolin (1980) and Krimmel (1971) extend the concept of families being partly responsible for the maintainence of an addiction by pointing out

that family behavior and interaction are very much linked to chemical abuse. Complementary relationships are established between spouses (and probably between the alcoholic parent and children as well) that are pathological in nature. A quick review of Berne's model of complementary and symmetrical relationships lends considerable clarity to this point. If indeed the family is a system where "members act and react to each other" (Krimmel, 1971), then the complexity of communication within the alcoholic family may not only help sustain the alcoholism, but also be a key to eliminating the alcoholism. Ward and Faillace clarify this concept in their article, "The Alcoholic and His Helpers" (cited in Krimmel, 1971):

> For example, if a family member has had a long history of heavy drinking there were many interactions within the family which occurred in response to his drinking, some of which may come to provide positive reinforcement of drinking. Some of these family responses fall into patterns showing powerful reinforcing effect [sic] on drinking behavior. Human systems (e.g., a family or an employee-employer elationship) function through the communication occurring in complex information networks in which varying levels of integrity, goal-directed behavior and homeostasis (lack of strain and stress) in the system are maintained through feedback mechanisms. The "information" may be any kind of verbal or behavioral message from one to another member of the system (employee is absent from work on Monday morning, husband is 'drunk again' etc.). The response prompted in the receiver in turn influences the sender in a continuous process of feedback which tends to move the system to a level of homeostasis in which there is least strain; that is, least anxiety and greatest gratification

of needs of each system member, but which in the case of alcoholics may maintain drinking behavior. (pp. 96-97)

Ward and Faillace characterize relationships as described above as pathological complementary relationships where "partner A's behavior provokes and presupposes B's response, and vice versa" (p. 97). Such relationships are circular in nature, with a tendency to become ever more rigid (i.e., alternative patterns of behavior become less available to each person). Problem drinking, then, may be seen as a type of dysfunction that has potential for becoming a necessary factor for stability in the family (Krimmel, 1971; Steier, Stanton, & Todd, 1982).

Another unique characteristic of alcoholic families is the presence of role conflict among family members, particularly children. Hecht (1973) discusses the importance of role-playing for children and how they define their roles by the power and respect given to them by family members. As a result, children need to see their parents as cooperative partners who allow one another rights and responsibilities. Yet this is often not the case in alcoholic homes. Hecht states: "The child of an alcoholic is caught up in a system where usual relationships between the elements have broken down" (p. 1767). That is, children are forced to play inappropriate roles to meet parental needs, roles which children in nonalcoholic families do not play. For example, a male child may be encouraged to play surrogate spouse to his mother. In addition, children of alcoholics may carry their "unusual" roles outside of the family as well as into adulthood. This induces relational problems which will be discussed later in this paper.

Jacobs (1978) concurs that the alcoholic parent presents a distorted role model for his/her child's socialization. (I would add that observing the interaction between the nonalcoholic and alcoholic parents could be distorting as well.) Jacobs states:

> Family breakdown and disorganization caused by alcoholism creates a void in the family structure. As a result, children may attempt to meet the needs of their parents or siblings, thus encountering demands and stresses that are inappropriate for anyone of their age. (p. 1236)

It is not unusual to find cases where children take responsibility for cooking, cleaning, managing budgets, paying bills, and caring for younger children, even at very young ages (Deutsch, 1982).

Deutsch (1982) cites four principal roles which children of alcoholics typically assume: (1) The Family Hero--this is the superkid, the Goody Two Shoes, who strives to be the perfect child at home so as not to invoke the wrath of the alcoholic. The child who assumes this role will also be apt to overachieve in school and other activities to bring pride to the family and compensate for his/her negative home life; (2) The Scapegoat--this child assumes responsibility for all wrongdoing, mistakes, irritations at home so as to protect younger children and/or the nonalcoholic parent from verbal and/or physical abuse; (3) The Lost Child--this child goes about life quietly, trying not to cause conflict or be singled out for verbal/physical abuse; (4) The Mascot--this child is treated by his/her family as fragile and immature. The family sees him/her in need of protection. Often this child becomes the tension reliever in the family, clowning around to try and raise spirits.

These four roles, according to Deutsch, are heavily (though not solely) dependent on birth order; i.e., Family Heroes tend to be the eldest child or the youngest child, the Mascot tends to be the youngest child, with the other roles falling inbetween.

Nardi (1981) points out additional roles common to children of alcoholics, such as the delinquent, the escapist (physically, mentally, emotionally), the non-coper, the responsible child, the adjuster, and the placater. The placater especially is not apt to express negative feelings in childhood or adulthood. Again, all these roles depend on social and psychological factors, as well as birth order. The commonality between each of the roles assumed by children of alcoholics is the motivation to deal with a negative family environment: they function as coping mechanisms. Unfortunately, these roles become dysfunctional as the child attempts to use them in relationships outside the family and in later adult relationships.

A second aspect of role conflict involves inconsistency. The alcoholic parent typically changes roles with little or no forwarning. Consequently, it is difficult, if not impossible, for the child to anticipate whether the parent will be sober or drunk, happy or angry, pleased or irritated, etc. Furthermore, the role the alcoholic parent is playing at any given moment determines the role of the child (parent or child, dependent or independent). This aspect of role conflict exemplifies the problems of inconsistency in the alcoholic family (Nardi, 1981).

Hecht (1973) notes that alcoholics on the whole are extremely moody individuals, accounting for much of the inconsistent behavior directed at family members. For the child who craves affection and love, this inconsistency creates an emotional handicap. As explained by Fox (1965):

The security, love and warmth that are necessary for a child's development

are rarely present in an alcoholic home. Where these do exist, they are of such an unpredictable quality that the child has difficulty developing the trust and confidence in himself that he will need for future successful living. (p. 51)

Krimmel (1971) refers to a broader observation in the well known Cork study (62 sets of alcoholic parents and their 115 children were interviewed and completed a questionnaire) which states that there exists little senstivity to children's needs in the alcoholic family. There is plenty of negative and hostile communication, and little or no security or encouragement for the child. But the Cork study cites the worst aspect of alcoholic homes as inconsistency in that children do not know what to expect from day to day, or even moment to moment.

The inconsistency in children of alcoholics' home life may explain why they continue to be an invisible population to social workers and psychologists. In a study by Pilat and Jones (1984) it was discovered that, contrary to previous studies, children of alcoholics were not problematic in school; in fact, most did average or above average work. Pilat and Jones speculate that "This could verify the projections of those who view some children of alcoholics as surviving in an inconsistent alcoholic family by exercising control over their environment and by bringing pride to the family" (p. 30). If professionals are looking for children of alcoholics to exhibit delinquent behavior (which some may), this study could explain why they are not identifying the population successfully.

Cohesion is also a distorted element in alcoholic homes. Orford and O'Reilly (1981) compare families to small groups in that both are cohesive to some degree and that in family life, which has high expectations of commitment and affection, cohesion is extremely important. A low level of cohesion

creates disorders in the family such as excessive conflicts and disharmony. Orford and O'Reilly see the outcome for families "in disorder" as very possibly depending upon the revival of cohesion among the members.

When elements of cohension are present in families, the psychological well-being of each member tends to be enhanced. When cohension is not present, family members are at risk for psychological distress (Orford, 1980). These "elements" of cohesion are:

(1) More time spent in shared activity.

(2) Less withdrawal, avoidance and segregated activity.

(3) A higher rate of warm interactions, and a lower rate of critical or hostile interactions amongst members.

(4) Fuller and more accurate communication between members.

(5) A more favourable evaluation of other members; a lower level of criticalness of other members.

(6) More favourable meta-perceptions; i.e. members more likely to assume that other members have a favourable view of them.

(7) A higher level of perceived affection between members.

(8) A higher level of satisfaction and morale, and greater optimism about the future stability of the family group. (p. 34)

These elements of cohesion guide family members' behaviors, provide information about the world as well as a set of values, "practical aid" and a place of sanctuary. They also help family members problem solve, foster feelings of security and competence, and validate the self-identity of each member (Orford, 1980).

Conflict is yet another area where alcoholic families differ from nonalcoholic families. The difference here is not the presence versus absence of conflict, but the nature, frequency, and handling of the conflicts.

Children of alcoholics continually fear that their family will break up and that their lives will become more severely disrupted (Hecht, 1973). Much of this feeling stems from the frequent and intense level of conflict present in the alcoholic home, a reflection of the lack of cohesiveness in typical alcoholic families (Wilson & Orford, 1978). The "Jekyll and Hyde" personality of alcoholics provides ample cause and opportunity for marital arguments, situations in which children feel they must takes sides (Priest, 1985). In the Cork study, 94% of the children questioned saw this as the biggest problem of excessive drinking. It is also significant that there are more separations and poor marital relationships in alcoholic than nonalcoholic families (cited in Wilson & Orford, 1978).

Significantly, the Callan and Jackson (1986) study found that as alcoholics tried to control their drinking, the family experienced less conflict and stress. In families where the alcoholic had actually ceased drinking, levels of conflict and cohesion were the same as control groups.

Orford and O'Reilly (1981) substantiate this phenomenon in citing the Raush et al. study which found that dissatisfied spouses show more hostility in their communication than satisfied spouses. It also makes sense that violence is frequently a factor in alcoholic families, socio-economic status not withstanding. This was discovered to be the case in a study on "The Effect of Parental Alcoholism on Adolescents" from the Cleveland Center on Alcoholism (Krimmel, 1971). The violence is not necessarily physical; in fact Wilson and Orford (1978) found that much of the violence in alcoholic families materializes in the form of verbal abuse and aggressive arguments. One need not beat a child to adversely affect him/her.

Related to conflict and abuse is the issue of the little mentioned but perhaps significant factor of the alcoholic having a background of abuse. A 1982 study by Cohen and Densen-Gerber discovered that 84% of the 178 subjects (adult drug abusers) were reportedly themselves abused as children. Therefore, when physical abuse is discussed in relation to alcoholic families, it should not be assumed that the alcoholism is the only cause of the abuse. Likewise, we should probably not assume that abuse is the sole cause of alcoholism.

Some additional differences between alcoholic families and nonalcoholic families are children's feelings of resentment toward the nondrinking parent, children's evaluations of their parent/child relationships, learned patterns of secrecy and denial, and disruption of rituals.

Children of alcoholics often resent their nondrinking parent for several reasons: (1) the nonalcoholic neglects and abuses the child out of frustration with their spouse; (2) the nonalcoholic meets the physical but not the nurturing needs of the child; (3) the nonalcoholic uses the older child (usually) as a confidant, whether or not the child is mature enough for this role; (4) the nonalcoholic is resented for the responsibilities s/he assigns, such as older children "parenting" younger children. The child in this situation sees the nondrinker as mothering the alcoholic more than the children, plus the extra responsibilities take time and energy away from "normal" children's activities; and (5) the nonalcoholic uses guilt to control his/her children, a type of substitute for not being able to control his/her spouse (Priest, 1985).

Children of alcoholics do evaluate their parental relationships differently from children of nonalcoholic homes. In the Cork study of 115 children of alcoholics, the quality of parent-child relationships was found to be dismal. Only two children indicated having a close relationship with their

alcoholic father, and only four children indicated having a close relationship with their mother. Most of the 115 children studied felt rejected by both parents and expressed feeling of shame, embarrassment, disgust, as well as degrees of pity, love, a sense of commitment, and loyalty (Priest, 1985).

In addition, a survey by DiCicco et al. (1984) revealed attitudes of secretiveness and learned patterns of denial as typical among children of alcoholics. These patterns are generally reinforced by the family in keeping with the belief that society condemns alcoholism, and denial as a part of the family illness. Denial as a characteristic of children of alcoholics will be discussed later in this paper.

Lastly, family rituals suffer greatly in alcoholic homes. Wolin et al. (1980) describes a family ritual as a "symbolic form of communication" which occurs repeatedly over time as it brings a "satisfying experience" to family members. "Through their special meaning and their repetitive nature, rituals contribute significantly to the establishment and preservation of a family's collective sense of itself" (p. 201). Rituals help maintain family life stability and clarify roles. When rituals (e.g., dinner time, holidays, weekends, vacations) are disrupted, the actual identity of the family is in jeopardy, as are members' clear understanding of their roles. Interestingly, Christmas was reportedly the least violated ritual--and the most distressing disruption when it did occur. Also, children of alcoholics are more likely to become alcoholic themselves if heavy drinking interferes with family rituals.

In general, children of alcoholics complain they weren't like a "real family" in comparison to their friends' families, and that there was a lack of fun and laughter in their home. A "strained atmosphere" at home was also commonly reported, accompanied by little communication among nondrinking family members and avoidance of the alcoholic parent (Wilson & Orford, 1978).

DIFFERENCES BETWEEN CHILDREN OF ALCOHOLICS AND CHILDREN OF NONALCOHOLICS

Dr. Janet Woititz, a consultant of alcoholic families, is one of the few people who specifically addresses the issue of adult children of alcoholics. Although this section will discuss children of alcoholics in general, Dr. Woititz (1984) has compiled a list of generalizations about adult children of alcoholics from her experiences in working with this population that is noteworthy and applicable to children of alcoholics of all ages:

(1) Adult children of alcoholics guess at what normal behavior is.

(2) Adult children of alcoholics have difficulty following a project through from beginning to end.

(3) Adult children of alcoholics lie when it would be just as easy to tell the truth.

(4) Adult children of alcoholics judge themselves without mercy.

(5) Adult children of alcoholics have difficulty having fun.

(6) Adult children of alcoholics take themselves very seriously.

(7) Adult children of alcoholics have difficulty with intimate relationships.

(8) Adult children of alcoholics overreact to changes over which they have no control.

(9) Adult children of alcoholics constantly seek approval and affirmation.

(10) Adult children of alcoholics usually feel that they are different from other people.

(11) Adult children of alcoholics are super responsible or super irresponsible.

(12) Adult children of alcoholics are extremely loyal even in the face of evidence that the loyalty is undeserved.

(13) Adult children of alcoholics are impulsive. They tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self-loathing, and loss of control over their environment. In addition, they spend an excessive amount of energy cleaning up the mess. (pp. 4-5)

This list of 13 characertistics of adult children of alcoholics represents statements by those children of the differences they perceive between themselves and adult children from nonalcoholic homes. Some of the items have received attention in the health and psychological literature, although most of the research does not address adult children of alcoholics as a special and separate population. Specifically, aspects of role-acquisition and role conflict, emotional and psychological disturbances, extreme self-reliance, relationship formation and maintenence, and performance in school have been examined.

Children learn primarily through communication and role playing (Hecht, 1973). The children of alcoholics, however, experience roles different from those in a traditional family system. These differences are apparent in situations of role conflict, role acquisition, and sex-role development. Nardi (1981) comments that sex-role models for children of alcoholics are inadequate and hinder this population from "developing positive interpersonal relationships in adolescence and adulthood" (p. 241). Because parents in the alcoholic home are inclined to display little adult-like behavior, children are apt to be ambivilent toward their parents as role models. This, in turn, may have effects on the child's gender identity and parental modeling. For example, the dependent alcoholic father and dominant mother who is antagonistic toward her spouse provide negative sex-role models for the child. The effects

may range from impaired self-esteem, sense of identity, locus of control, and sexual orientation, to promiscuity in daughters, excessive aggressiveness in sons, abnormal levels of tension and competition between siblings (and consequently a lack of support), and negative bonds between family members. In fact, the Cork study showed that 20% of the children felt no positive bond with any of their family members (cited in Priest, 1985).

In addition to the handicap of poor parental role models, children of alcoholics often experience emotional problems and stress-related illness. The typical societal view of alcoholism existing in a vacuum where only the alcoholic is harmed is contradicted in the face of overwhelming evidence which says the whole family is harmed. Thomas McCabe (cited in Priest, 1985) estimated 80% of all children of alcoholics have disabling emotional problems. Living under continual tension and having few outlets for that tension provides fertile ground for such difficulties.

Some of the specific emotional and psychological difficulties young children of alcoholics are likely to experience include stress illness such as bed-wetting, hyperactivity, or asthma, and as adults they are more likely to have colitis, ulcers, migraines, and bulimia (Black, cited in New York Times, February 26, 1986). These children may also become neurotic; their sense of security is missing, an element necessary for establishing a strong, independent ego (Fox, 1965; Hecht, 1973). Deliquency, anxiety, depression, hostility, sexual confusion, the development of rigid moral codes of behavior, a sense of drive, being demanding of selves and others, having difficulty in accepting failure or limitations, and a need to dominate as a self-defense against internal signs of weakness are also common symptoms in children from alcoholic homes (Hecht, 1973). They are different from children of abstainers and moderate drinkers in terms of emotional detachment, unethical behavior,

poor emotional control, and distractability (Watters & Theimer, 1978). Offspring of alcoholics also seem to be more prone to serious psychiatric illnesses, such as schizophrenia and affective disorders (El-Guebaly & Offord, 1977).

How susceptible are children of alcoholics to such illnesses? In the Cork study (cited in El-Guebaly & Offord, 1977) the degree of "emotional damage" to the children was assessed based on factors such as trust, hostility, depression, and uneasiness with the opposite sex. Out of the 115 children studied, "50 (43%) were rated as very seriously damaged, 56 (49%) as fairly seriously damaged, and 9 (8%) as slightly damaged" (p. 361).

Merikangas et al. (1985) also discusses the susceptibility of children of alcoholics to emotional and psychological distress. Especially in terms of depression, anti-socialness, and becoming alcoholic themselves. Wolin et al. (1980) agree, adding that children of alcoholics not only have an increased risk of psychosocial problems, but that this tendency is greater for males and children of alcoholic mothers (probably due to little emotional support) than for females and children of alcoholic fathers.

A lack of emotional support and affection for either parent, according to a 1975 study by O'Gormann (cited in Callan & Jackson, 1986), results in lower self-esteem and a greater external locus of control in children of alcoholics. The study reported that children of alcoholics were "less happy with their lives" (p. 180) and were rated lower on measures of self-esteem and locus of control. Furthermore, the children in the O'Gormann study, all of whom had alcoholic fathers, reported that having an alcoholic parent affected the quality of their lives, but did not affect how they felt about themselves. This self-reporting, however, contradicts the measurements of low self-esteem.

This contradiction may be explained by most children of alcoholics' ability to deny and suppress that which is undesirable or threatening. Deutsch (1982) explains:

> The habitual denial and deception has profound consequences for children of alcoholics. They may methodically suppress all threatening feelings; experience a loss of values, because what they feel is right is subordinated to what is necessary and tolerable; retain deep-seated shame, the solution for which has always been isolation; and consistently confuse reality and fantasy. (p. 41)

Children of alcoholics may deny their feelings, they may deny to themselves and others that their parents are "different" (Krimmel, 1971), and they apparently may deny their own poor self-concept, as occurred in the O'Gormann study.

The shame and guilt which children of alcoholics typically experience, as pointed out by Deutsch, are a result of children taking responsibility for their parent's alcoholism combined with aspects of denial--the children do not want others to know about the problems at home (Donovan, 1981). The psychological and emotional aspects of these feelings are articulated by Priest (1985).

> Teens see parents' behavior toward them as reflecting their worth and rationalize that they are being punished for something by way of verbal or physical abuse or both, and therefore must, in some way, be misbehaving . . . . Such children are often too demanding of themselves and perceive that, regardless of their performance, parental response will be generally negative and hostile . . . they will always feel inadequate. (p. 536)

Anger is another emotion commonly experienced and repressed by children of alcoholics. These children are angry for not having a normal home life; they are angry at the alcoholic for what appears to be self-centeredness, the

alcoholic's poor treatment of family members and seeming unwillingness to help him/herself; they are angry at their parents for staying together--the marriage seems to be a facade; they are angry at a lack of family money due to the alcoholic's poor financial management and/or excessive funds spent on alcohol; and they are angry at themselves for the way they feel about their parents (Priest, 1985). However, this anger is rarely openly expressed as the child has no healthy models for the expression of anger (Black, 1981). Anger in the alcoholic home is destructive in nature; consequently, the child's represses his/her anger by twisting and distorting it or denying it. Often this anger is manifested in depression, overeating, excessive sleeping, placating, and psychosomatic symptoms.

Black (1981) points out several other emotional and psychological disorders among children of alcoholics. One is the inability to cry, or to cry alone and silently. As these children reach adulthood, they may learn to cry but not understand why they are crying, lose control of their crying (cry excessively), or cry at inappropriate times.

Another disorder is the tendency of adult children of alcoholics to be overly flexible; that is, an inability to assert themselves or to disagree. This child plays the role of placater at home, always attending to the needs of others and never to his/her own. As adults, these children feel guilty if they discover themselves focusing on themselves.

Still another disorder is the tendency of adult children of alcoholics to be fearful of their feelings and the feelings of others. These children find it difficult to put emotions in perspective for lack of adequate role models. In other words, these children have not been trained to deal with emotions. As a result, adult children of alcoholics tend to make absolute decisions in relation to particular feelings; e.g., they will leave a spouse or move rather

than face negative feelings and discuss them. Acceptance of feelings without a strong judgment and a major decision is most difficult for this population.

In response to the emotional and psychological difficulties which children of alcoholics face, destructive defense and/or coping mechanisms are frequently developed during the teenage years and are carried into adulthood (Priest, 1985).

> These teens feel they do not count and are not contributing to home life; they have a great desire to escape from their family situation. There is little or no family fun, and these teens, as a rule, do not bring friends home nor do they accept invitations from friends because they feel they cannot reciprocate. The results of this situation include a learned negative, hostile mode of communication and a high level of distrust of authority and of people in general. (p. 535)

The teenagers of alcoholics tend to be overly self-reliant, withdrawn, anti-social, and "generally have problems forming close or intimate relationships" (p. 535). In a study by Booz-Allen and Hamilton (cited in Priest, 1985), 64% of the subject had serious problems with opposite sex relationships which the authors attributed to their high levels of distrust, questioning of motives, and suspicion of open communication. As described by Hecht (1973):

> Children . . . soon begin to perceive that parents don't always mean what they say and don't always say what they mean. They learn that certain kinds of communication precipitate quarrels, anger, and irritability. They learn the use of sarcasm and cutting, biting words. They are victimized by a desire to believe in their parents, particularly the one who is alcoholic, and by continued broken promises. They begin to place no reliance on verbal communication and begin to depend only upon actions

> and deeds. Children in these situations are cut adrift from ordinary access to relationships within the family because words fail to carry much meaning. They learn to act out their impulses, following the model of the alcoholic parent. They learn to rely on themselves and may not develop a trust in others. (p. 1765)

In many instances, children of alcoholics learn defense mechanisms which are not particularly problematic to those around them, but which limit the child (and later the adult) from developing abilities and fulfilling needs and desires (Donovan, 1981). Some examples are the inability to ask for help or to express needs, a strong need for control (and hence a sense of security and predictability), and the inability to relax, be spontaneous, and play (Black, 1981).

The effects of the alcoholic home environment on children which have been described in this section do, of course, affect these children's relationships. Before specifying precisely how children of alcoholics' relationships are affected, it may be useful to briefly define the term "relationship" and how it relates to this paper.

Hinde (cited in Duck, 1981) elucidates some features involved in the term "relationship," including interactions occurring over an extended time, shared experiences and future expectations for the relationship, particular types and degrees of feelings about one's partner, as well as ideals and norms for behavior and interaction. According to Steir, Stanton, and Todd (1982), for a relationship to operate successfully, each person must know what they feel and think and be able to translate feelings and thoughts into practice in a normative, acceptable fashion. For the child of an alcoholic family, this is no easy task as they have not learned "normative" behavior.

Relationships are important for most adolescents in forming a sense of self-worth and identify. The relational difficulty which children of alcoholics experience at home and with peers explains much of the low self-esteem reported in this population. As pointed out by Cork (cited in Priest, 1985), the emotional relationship between parent and child is a crucial influence on the child. Since the relationship between parent and child in the alcoholic home is characterized by unpredictability in terms of parental support and expectations, children of alcoholics are likely to have difficulties in identity formation, role performance, personality development, and the ability to form and maintain relationships (DiCicco et al., 1984; Jacob, 1978; Orford & O'Reilly, 1981). The child's sense of trust, self-esteem, security, and confidence in others is also affected by an inconsistent parent-child relationship (Orford & O'Reilly, 1981).

Much of the literature concurs that the oscillating between high hopes and bitter disappointments in alcoholic parent-child relationships does create a basic distrust in children and will negatively affect children's relationships outside the family, as well as later in life (Deutsch, 1982; Fox, 1965). Duck (1981) also discusses the importance of children's friendship choices and how they affect relationships later in life. Few, however, outline specific problems in children of alcoholics' relationships.

If, for example, Duck's assertion (1981) that relational satisfaction is dependent on socially expected sex roles in disclosure, and that disruption of these expectations may "have unfavourable consequence for a relationship" (p. 21) is true, what of children of alcoholics and their relationships? Duck cites a 1979 study by Miell et al. which reveals that females are expected to disclose more in early interactions than are males. If female children of

alcoholics are indeed not socialized typically, what can we expect in their attempts to form relationships?

There are a few studies and literature reviews that have addressed such specific questions. The Booz-Allen and Hamilton study of 50 adolescents of alcoholic families (cited in Priest, 1985) found that 87% of these children had stunted relationships with peers. "Generally, these teens tend to associate solitude with the absence of conflict" (p. 535). As a result, these children had few friends. Their sense of shame regarding problems at home caused them to hesitate to confide and trust in others, hindering their relational development with peers. These children also tend to avoid those who drink for fear of becoming an alcoholic themselves or marrying one. Many of them fear marriage in general. In fact, "Children of alcoholics tend to be rather vocal in insisting that they will never marry and view marriage as a farce" (p. 536).

Black's work (1981) also demonstrates how children of alcoholics damage their relationships through their fear of expressing needs. They feel they might lose the love of their friend, lover, spouse, if they verbalize their needs, as their parents were not sensitive to their needs as children.

Furthermore, DiCiccio et al. (1984) and Wilson and Orford (1978) point out that children of alcoholic families may never develop close peer attachments due to the stigma associated with alcoholism. However, other children have made up for a lack of closeness at home by focusing on peer friendships.

The last major difference between children of alcoholic families and children of nonalcoholic families is performance in school. In this area there is some disagreement. The Cork study (cited in El-Guebaly & Offord, 1977) showed older children having more problems in school and being less active in community recreational activities. Grade school age children were more likely to be assessed by their teachers as "significantly more likely to be 'problem

children,'" but were not necessarily so. It was discovered that having an alcoholic father in treatment favorably influenced this age group of children.

Although 46% of the children in the Cork study did repeat a grade, the Pilat and Jones (1984) study showed most children working at grade level or above. Perhaps the claim made by Priest (1985) that typical children of alcoholics underachieve in school is faulty. It could be that many more than a few children of alcoholics use achievement in school for positive feedback.

Finally, a number of researchers speculate that particular factors in children of alcoholics' environment may offset the potential damaging effects of that environment, such as family size, birth order, support from others in the family, religion, ethnic background, social class, sex roles, cross-cultural variation, family structure, and the child's age at the onset of alcoholism (El-Guebaly & Offord, 1977; Nardi, 1981; Wolin et al., 1980). Research by Werner (1986) dealt with some of of these factors:

> Among the behavioral characteristics that differentiated the offspring of alcoholics who did not develop any serious coping problems in childhood and adolescence from those who did were:
>
> (1) characteristics of temperament that elicited positive attention from primary caretakers (including substitute parents);
>
> (2) at least average intelligence and adequate communication skills (in reading and writing);
>
> (3) achievement orientation;
>
> (4) a responsible, caring attitude;
>
> (5) a positive self-concept;
>
> (6) a more internal locus of control; and
>
> (7) a belief in self-help.
>
> Among the qualities of the caretaking environment that distinguished

the resilient offspring of alcoholics from those who developed serious coping problems by age 18 were:

(1) plenty of attention received from the primary caretaker during infancy and the absence of any prolonged separation from the caretaker;

(2) no additional births into the family during the first 2 years of life (that might have averted such attention); and

(3) the absence of conflict between the parent during the first 2 years of life. [meaning of conflict not clarified]

Werner reports these characteristics as the crucial factors that enabled children from alcoholic homes, regardless of economic status or levels of stress within the home, to overcome their environment and do well. All the children studied were high-risk. Werner calls these factors "empirical evidence for a transactional model of human development that takes into account the bidirectionality of child-caregiver effects" (p. 39).

Consequently, it may not be the risk of parental alcoholism so much as the balance between that risk and other life stresses as well as the protective aspects of a caretaking environment that determines the adaptability of children of alcoholics. Werner suggests focusing on the restoration of this balance as a means of intervention. Such intervention would either consist of: (a) lessening a child's exposure to an alcoholic environment through family treatment, and/or (b) increasing the number of "protective factors" (e.g., areas of competency, sources of support) upon which the child can rely (Werner, 1986).

CONCLUSIONS ABOUT ALCOHOLIC FAMILIES & CHILDREN OF ALCOHOLICS

The following 14 items summarize what the current literature claims, both in terms of what is now known about alcoholic families and their children, and what is strongly implied.

1) Alcoholics, their significant others, and their children comprise an estimated one half of our population.
2) Families are transactional systems in which alcoholism affects the greater whole in terms of more frequent and intense conflict, less freedeom for the expression of feelings, less cohesion, less personal growth for each family member, more rigid communication and inconsistent roles, less trust, security, affection, understanding, and warmth than nonalcoholic families.
3) Alcoholic families are characterized by: (1) centricity of the alcoholic and alcoholic-related behavior; (2) denial and shame; (3) inconsistency; (4) anger and hatred; (5) guilt and blame.
4) Family rituals in the alcoholic home are often disrupted, damaging the family's sense of itself as a cohesive whole.
5) Children of alcoholic homes exhibit Kubler-Ross' five stages of grieving: (1) denial and isolation; (2) anger; (3) bargaining; (4) depression; and (5) acceptance.
6) Communication patterns within the alcoholic home may actually perpetuate drinking behavior.
7) Many children of alcholics form dysfunctional roles and self-concepts.
8) Children of alcoholics tend to resent their nondrinking parent.
9) Children of alcoholics tend to lack close relationships with their families, as well as have difficulty forming and maintaining relationships outside of the family.
10) Children of alcoholics' descriptions of themselves differ markedly from "normal" children's self-concepts.

11) Children of alcoholics often experience emotional and stress-related illnesses.

12) Children of alcoholics tend not to assert themselves, are fearful of their feelings and the feelings of others, tend to be overly self-reliant, withdrawn, and are generally less happy with their lives than children of nonalcoholic homes.

13) Children of alcoholics gravitate toward extremes: they tend to do exceptionally well or poorly in school, are exceptionally well or poorly adjusted, have difficulty forming and maintaining close relationships or become very adept socially, and so forth.

14) The quality of the caretaking environment affects the degree of resiliency in children of alcoholics.

This review of the literature demonstrates that some research has been done on alcoholic family systems and children of alcoholics, as well as the need for more research, particularly in communication studies. It is obvious there is much that is not known about how communication functions (and is dysfunctional) in alcoholic families, and certainly little is known about the effects of the alcoholic home environment on children of alcoholics, their communication patterns, relationships, and so forth.

More specifically, there are several directions communication research can fruitfully take. First, the existing literature tells us that children of alcoholics are different in many ways from children of nonalcoholics. Study after study points out the influential nature of an alcoholic home environment, but research in this area must go further. Too many of the studies in this paper deal solely with individual psychological processes; certainly exploring

the influence of an alcoholic environment on dyadic and group functioning would be relevant and helpful.

Second, additional study on second generation effects is much needed. Again, the present literature barely touches on this issue. What exactly makes children of alcoholics different from other children? Can we attribute all psychological, attitudinal, and behavioral differences to alcohol, or are there other factors at work? What are possible contributions communication research could make to intervention for children of alcoholics? And importantly, can we find ways to predict as well as explain such differences? Current literature is overwhelmingly descriptive in nature and does little to investigate predictive factors.

Certainly, we need to create and apply theories of communication to alcoholic families with the overall goal being to increase an understanding of functional/dysfunctional communication processes in such families. This increased knowledge then needs to be communicated to the general public. Just as the public has been "taught" that alcoholism is an illness, not a character flaw, communication difficulties stemming from alcoholism must also be discussed. This follows the underlying assumption mentioned early in this paper; that is, knowing more rather than less about communication is beneficial to people both professionally and personally.

Third, communication processes and variables may be the key to theorizing about alcoholic families and children of alcoholics. The effects of living in an alcoholic home environment, as described in the health sciences and psychological literature, can likely be accounted for by communication scholars. Surely communication theory could facilitate predication as well as description in this area of research. Examining perceived differences between alcoholic and nonalcoholic families and their children, communication

differences between adult children of alcohlics and nonalcoholics, spouses, siblings, etc., all have potential for going beyond basic descriptive research and expanding into predictive theory and research.

Fourth, further research is needed in terms of how individual/family perceptions, constructs, coping mechanisms, etc., alter the effects of an alcoholic home environment. Again, we need to go beyond the single variable of "alcohol" and explore other factors that are responsible for the varying and sometimes polar effects described in this paper. Why are children's responses to an alcoholic home environment varied? If we could account for this variability, could we manipulate involved variables for intervention purposes?

For example, could we identify children of alcoholics, provide these children with incentives to form positive attitudes, healthy self-concepts, and/or develop their reading/writing skills and, as a result, increase their resiliency? Will removal from the alcoholic home result in a better adjusted child, result in no difference, or further harm the child? Research on such questions could have important implications for a variety of social programs.

Finally, as scholars in communication we have much to contribute to this area of research. What can our discipline add to the study of alcoholic families and children of alcoholics? Our knowledge of dyadic communication, group (specifically family) communication, conflict, perception, etc., may be the missing link in existing alcohol related research. While health researchers help us better understand the physiological aspects of alcoholism and psychology scholars investigate the individual functioning of alcoholics and those in close proximity to alcoholics, communication researchers can provide vital knowledge about the functional and dysfunctional aspects of communication among alcoholic family members.

As a discipline that believes that understanding more rather than less about communication is useful, and that such knowledge can improve the quality of people's relationships and lives, the study of communication and alcohol provides fertile ground for growth and discovery in our field. Unquestionably, there is a considerable amount of knowledge and benefit to be gained from studying alcoholic families and children of alcoholics.

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